

Legislative Testimony
Human Services Committee
HB 5355 AAC An Advanced Dental Hygiene Practice Pilot Program
Tuesday, March 2, 2010
Jeffrey Rosow DMD

Senator Doyle, Representative Walker and members of the Human Services committee, my name is Dr. Jeffrey Rosow and I have been practicing dentistry for 29 years in the town of Middletown. I thank you for the opportunity to present this written testimony to you regarding HB 5355.

I am the dental director at Connecticut Valley Hospital (CVH) and have been working there full time my entire 29 year career. I must be clear from the start that my testimony is totally my own view and not any reflection or representation of the Department of Mental Health and Addiction Services for which I work. I'm not in private practice but rather am in public health treating the psychiatric and addiction in patient population at Ct. Valley Hospital. That being said, the access issue is very significant for my patients who are all adults, after they are discharged from CVH. In spite of the dental care they've received from us, and the encouragement to follow up on dental treatment in the community after they're discharged, many do not have the access. Therefore I have a great interest in finding them the help that they need in a cost effective and practical fashion.

In that regard I became a member of the CSDA access to care task force last summer. After being on the access committee for almost a year, I know first hand that the CSDA has gone to great lengths to proactively study the access issue objectively, look at the different models, and proposed to our members studying a model that shows the most success not only nationally, but worldwide. This required hours of reading and research by each committee member, in addition to hours of discussions, e-mails etc sharing thoughts and information. From my perspective, the discussions and research of the committee was very well thought out and through the group process any member bias was neutralized to come up with a very rational approach. I think we've really done a terrific job with both the success of the Husky program, and responsibly beginning the process of exploring a very viable model of a mid-level provider as to whether it would increase access to care here in Ct.

HB 5355 proposes an unrealistic approach by supporting the ADHP model which has no track record of being successful, with no measurement of whether, and in what way, the pilot will be successful or not. In addition there are other issues involved in running a mid-level practitioner pilot program that this bill overlooks which our own committee is trying to responsibly address, before proposing looking at an alternative model with proven success in increasing access worldwide. I feel very strongly that unlike the bill being proposed, the CSDA is advocating for very carefully studied, unbiased research, and development of programs that will solve the problem in a cost effective way without putting an inadequate plug in a dam which in the long run will burst. For these reasons I would ask you not to support this bill.

In closing, I would like to again thank the Committee for allowing me to testify before you today and would be happy to make myself available, now at any other time, should you have questions.

Sincerely,

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